County: Barron
BARRON MEMORIAL MEDICAL CENTER SNF
1222 EAST WOODLAND AVENUE
BARRON 54812 Phone: BARRON 54812 Phone: (715) 537-3186
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? Yes
Number of Beds Set Up and Staffed (12/31/00): 50
Total Licensed Bed Capacity (12/31/00): 50
Number of Residents on 12/31/00: 49 Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? Nonprofit Church-Related Skilled No No Average Daily Census: 48 49

**************************************	****	49 ************	*****	*******	********	********	*****
Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/0	00) %			
Home Health Care Supp. Home Care-Personal Care Supp. Home Care-Household Services Day Services Respite Care Adult Day Care Adult Day Health Care Congregate Meals Home Delivered Meals Other Meals Transportation Referral Service Other Services Provide Day Programming for Mentally Ill Provide Day Programming for Developmentally Disabled	No No No No No No No No No No No No No N	Primary Diagnosis Developmental Disabilities Mental Illness (Org./Psy) Mental Illness (Other) Alcohol & Other Drug Abuse Para-, Quadra-, Hemiplegic Cancer Fractures Cardiovascular Cerebrovascular Diabetes Respiratory Other Medical Conditions	% 0. 0 26. 5 2. 0 0. 0 2. 0 2. 0 2. 0 8. 2 18. 4 8. 2 6. 1 26. 5	Age Groups Under 65 65 - 74 75 - 84 85 - 94 95 & Over 65 & Over Sex Mal e Femal e	0. 0 10. 2 38. 8 42. 9 8. 2 	Less Than 1 Year 1 - 4 Years More Than 4 Years ********************** Full-Time Equival Nursing Staff per 100 (12/31/00) RNs LPNs Nursing Assistants Aides & Orderlies	

Method of Reimbursement

	Medicare (Title 18)			Medicaid (Title 19)			Other Private			Pay]	Managed Care			Percent		
			Per Die	m		Per Die	m		Per Die	m		Per Dien	1	Ŭ]	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	%	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	4	10. 5	\$120. 80	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	4	8. 2%
Skilled Care	0	0.0	\$0.00	28	73.7	\$102.04	0	0.0	\$0.00	11	100.0	\$99. 50	0	0.0	\$0.00	39	79. 6%
Intermedi ate				6	15.8	\$83. 29	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	6	12. 2%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj		0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	it 0	0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0%
Total	0	0.0		38 1	00.0		0	0.0		11	100. 0		0	0.0		49	100.0%

Admissions, Discharges, and

Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00

Deaths During Reporting Period									
					Needi ng	o. m . 11	Total		
Percent Admissions from:		Activities of	%		i stance of	% Totally	Number of		
Private Home/No Home Health	16. 1	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents		
Private Home/With Home Health	6. 5	Bathi ng	0.0		49. 0	51. 0	49		
Other Nursing Homes	0.0	Dressi ng	10. 2		65 . 3	24. 5	49		
Acute Care Hospitals	77.4	Transferring	22. 4		51. 0	26. 5	49		
Psych. HospMR/DD Facilities	0.0	Toilet Use	12. 2		65. 3	22. 4	49		
Reĥabilitation Hospitals	0. 0	Eating	61. 2		32. 7	6. 1	49		
Other Locations	0.0	*********	*********	******	*********	********	******		
Total Number of Admissions	31	Conti nence		%	Special Treati	nents	%		
Percent Discharges To:		Indwelling Or Externa	ıl Catheter	14. 3	Receiving Re	espiratory Care	10. 2		
Private Home/No Home Health	12. 9	Occ/Freq. Incontinent	of Bladder	42. 9	Recei vi ng Ti	racheostomy Care	0. 0		
Private Home/With Home Health	12. 9	Occ/Freq. Incontinent	of Bowel	20. 4	Recei vi ng Si	ucti oni ng	0. 0		
Other Nursing Homes	0. 0	_			Receiving 0s	stomy Care	4. 1		
Acute Care Hospitals	19. 4	Mobility			Receiving To	ube Feeding	0. 0		
Psych. HospMR/DD Facilities	0.0	Physically Restrained	l	2. 0	Receiving M	echanically Altered Di	ets 22.4		
Reĥabilitation Hospitals	0. 0	1 3			U	J			
Other Locations	0.0	Skin Care			Other Resident	t Characteristics			
Deaths	54.8	With Pressure Sores		4. 1	Have Advance	e Directives	61. 2		
Total Number of Discharges		With Rashes		10. 2	Medi cati ons				
(Including Deaths)	31				Receiving Pa	sychoactive Drugs	55. 1		
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Salacted Statistics: This Hospital Racad Facility Compared to Similar Facilities & Compared to All Facilities									

	Thi s	Other Hospital-			
	Facility	Based Facilities	Facilties		
	%	% Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	96. 0	87. 5 1. 10	84. 5	1. 14	
Current Residents from In-County	91. 8	83. 6 1. 10	77. 5	1. 19	
Admissions from In-County, Still Residing	48. 4	14. 5 3. 34	21. 5	2. 25	
Admi ssi ons/Average Daily Census	64. 6	194. 5 0. 33	124. 3	0. 52	
Discharges/Average Daily Census	64. 6	199. 6 0. 32	126. 1	0. 51	
Discharges To Private Residence/Average Daily Census	16. 7	102. 6 0. 16	49. 9	0. 33	
Residents Receiving Skilled Care	87. 8	91. 2 0. 96	83. 3	1.05	
Residents Aged 65 and Older	100. 0	91. 8 1. 09	87. 7	1. 14	
Title 19 (Medicaid) Funded Residents	77. 6	66. 7 1. 16	69. 0	1. 12	
Private Pay Funded Residents	22. 4	23. 3 0. 96	22. 6	0. 99	
Developmentally Disabled Residents	0. 0	1.4 0.00	7. 6	0.00	
Mentally Ill Residents	28. 6	30. 6 0. 93	33. 3	0.86	
General Medical Service Residents	26. 5	19. 2 1. 38	18. 4	1.44	
Impaired ADL (Mean)*	52 . 7	51. 6 1. 02	49. 4	1.07	
Psychological Problems	55. 1	52. 8 1. 04	50. 1	1. 10	
Nursing Care Required (Mean)*	6. 4	7.8 0.82	7. 2	0.89	